

031704

16711 U.S. PTO

Please type a plus sign (+) inside this box → ☒

PTO/SB/50 (02-01)
Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

17513 U.S. PTO
10/802381

031704

REISSUE PATENT APPLICATION TRANSMITTAL


Address to: Mail Stop REISSUE Commissioner for Patents P.O. Box 1450 Arlington, VA 22313-1450	Attorney Docket No.	D3127 RE
	First Named Inventor	CARRUTHERS
	Original Patent Number	6,358,917
	Original Patent Issue Date (Month/Day/Year)	March 19, 2002
	Express Mail Label No.	EV 446208285 US

APPLICATION FOR REISSUE OF: ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/> Ribbioned Original Patent Grant
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	<input type="checkbox"/> Statement of Loss (PTO/SB/55)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
6. <input type="checkbox"/> Power of Attorney	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	15. <input checked="" type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other: <u>Offer to Surrender.....</u> <u>Application Data Sheet</u>
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	
a. <input type="checkbox"/> Computer Readable Form (CFR)	
b. Specification Sequence Listing on:	
i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or	
ii. <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		33197		or <input type="checkbox"/> Correspondence address below	
Name					
Address					
City				State	Zip Code
Country				Fax	Telephone

NAME (Print/Type)	Frank J. Oxa	Registration No. (Attorney/Agent)	25,612
Signature		Date	3/12/04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) D3127RE		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 4	Total Claims (37 CFR 1.16(j))	(B) 30	**** 10 =	x \$ _____ =		or	x \$ 18 = 180	
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 4	* 3 =	x \$ _____ =			x \$ 86 = 258	
Basic Fee (37 CFR 1.16(h)) \$ _____								\$ 770
Total Filing Fee \$ _____							OR \$ 1208	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee \$ _____							OR \$ _____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>01-0885</u> in the amount of <u>\$1208.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>01-0885</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="font-size: 1.5em; margin: 0;">3/17/04</p> <p style="margin: 0;">Date</p> </div> <div style="width: 45%; text-align: center;"> <p style="margin: 0;">Signature of Applicant, Attorney or Agent of Record ACTING UNDER 37 CFR 1.34 Frank J. Uxa</p> <p style="margin: 0;">Typed or printed name</p> </div> </div>								

D-3127RE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
PATENT

In re application of:

Carruthers et al

Original Patent No. 6,358,917

Original Patent Issue Date: 3/19/02

For: COSMETIC USE OF BOTULINUM TOXIN

FOR TREATMENT OF DOWNTURNED MOUTH

Express Mail Mailing Label No. EV446208285 US

Date of Deposit: March 17, 2004

I hereby certify that the following documents as identified below are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450:

1. Fee Transmittal Form;
2. Specification and Claims in double column copy of patent formal;
3. Drawings;
4. Reissue Oath/Declaration;
5. Offer to surrender and Written Consent of all Assignees and Statement under 37 CFR 3.73(b);
6. Statement of status and support for all changes;
7. IDS and PTO-1440 and copies of citations;
8. Preliminary Amendment;
9. Application Data Sheet; and
10. Return receipt postcard.

The 10 above-identified documents are enclosed herewith.

Respectfully submitted,



Jean F. Heuler
Office of Frank J. Uxa
4 Venture, Suite 300
Irvine, CA 92618
(949) 450-1750
Facsimile (949) 450-1764

FJUxa/ac

DOCKET NO.: D-3127RE

THE ENCLOSED PATENT APPLICATION OF Carruthers et al IS
BEING FILED IN ACCORDANCE WITH SECTION 37 CFR 1.10 BY
EXPRESS MAIL AND SHOULD BE ACCORDED A FILING DATE OF:

March 17, 2004

SEE THE EXPRESS MAIL CERTIFICATE ATTACHED TO THE APPLICATION.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : To be determined Confirmation No.
Orig Pat No. 6,358,917
Applicant : CARRUTHERS et al.
Filed : Herewith
Title : COSMETIC USE OF BOTULINUM TOXIN FOR TREATMENT OF
DOWNTURNED MOUTH

TC/A.U. : NA
Examiner : NA

Docket No. : D-3127RE
Customer No. : 33197

Mail Stop REISSUE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

STATUS OF CLAIMS

Dear Sir:

In accordance with 37 C.F.R. § 1.173(c), Applicant respectfully submits that as of the filing date of the enclosed reissue application, claim 1 has been amended, and claims 5-30 have been added. Accordingly, claims 1-30 are pending. Support for the amendments to claim 1 and for new claims 5-30 presented in the enclosed preliminary amendment may be found in the specification as filed.

Date: MARCH 17, 2004

Respectfully submitted,



Frank J. Uxa
Attorney for Applicant
Registration No. 25,612
4 Venture, Suite 300
Irvine, California 92618
(949) 450-1750
(949) 450-1764 Facsimile